

# A Case of Perforated Diverticulitis

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THE following case presents some unusual features, and may be of interest.

G. W. A., aged 69 years, an indoor labourer, was admitted to hospital on the evening of Monday, 7th December, suffering from severe abdominal pain. He had always been a perfectly healthy man, except for an attack of "indigestion" fifteen years ago which, at the time, was thought to be due to a duodenal ulcer.

His history was that after tea on the day previous to admission, he had been seized with sudden abdominal pain, most marked in the lower half of the abdomen, and had sent to his doctor, who prescribed Dover's powder, gr. x. At 10 p.m. the doctor called to see him, and found him in bed and asleep, his family saying that he was better. On the following morning the doctor visited him, and saw him in bed. His temperature was then 98.2°F, pulse 76; he had no pain, and the abdomen was quite soft on palpation. As a precautionary measure he was kept in bed, but at 5 p.m. the same day the doctor was again called, and found that the pain had returned and was general over the abdomen, which was rigid all over. The patient was flushed, temperature was then 99.6°F, pulse 86. He had vomited mucus and gastric juice. He was immediately removed to hospital, where I saw him and advised immediate operation. Temperature was then 100.6°F, and pulse 132. Liver dullness was absent.

A diagnosis of rupture of a hollow viscus was made, the history of indigestion fifteen years previously suggesting that the duodenum might be the site of the lesion, though the age of the patient, the temperature, pulse, and the original low distribution of the pain were against it, and the possibility of perforated diverticulitis was borne in mind.

In view of these facts, a small right paramedian incision was made, three inches long, and centred on a point half an inch above the level of the umbilicus. A small opening was made in the peritoneum, a little gas escaped, and a milky peritoneal exudate in no great quantity was seen. There was absolutely no odour. No stomach contents were seen, but as the patient had had no solid food for over twenty-four hours, this fact was considered to be of no significance, and in view of the fact that the peritoneal exudate appeared to be typical of that found in cases of peritoneal perforation, the incision was extended upward. Upon the stomach and duodenum, as well as upon the small intestine, were numerous flakes of fibrinous lymph, but there was no ulcer nor perforation nor lesion of any kind. Appendix, gall-bladder, and pancreas were then examined, and found to be normal. The small intestine was then systematically examined for perforation, and found to be normal, but on withdrawing the terminal coil of ileum from the pelvis, there was a gush of thin, brown, faecal-smelling fluid. The sigmoid colon was then palpated, and the terminal six inches was found to be the site of advanced diverticulitis. The original incision was now extended downward, and finally a perforation which admitted the tip of

the index finger was found in the terminal inch of the colon upon its right side. The edges of the perforation were black and gangrenous. With the aid of a long needle-holder, the perforation was loosely closed by mattress sutures, and a tag of fat which happened to be lying conveniently to hand was stitched over it. A rapid 'toilette' of the peritoneum was then performed, and four or five lumps of hard fæces the size of a pea were picked out of the general peritoneal cavity. Colostomy was considered, but in view of the almost hopeless prognosis, it was thought inadvisable to prolong the operation any further. A large drainage tube was placed into the pelvis and the wound sutured in three layers, with, in addition, four "through and through" sutures.

For eight days the patient very slowly improved. On the fourth day fæcal matter appeared through the drainage tube, and on the eighth and tenth days the bowels moved normally. The abdomen was not distended, there was no vomiting, nor did the temperature rise above normal after the operation.

On the eighth day, however, he developed a broncho-pneumonia, and died eleven days after operation.

The points of particular interest in this case are :—

1. That the perforation of the colon must have occurred on the Sunday afternoon, but that the infection was confined at first to the pelvis, and the general peritoneal cavity was not infected until 5 p.m. on Monday.

2. The misleading character of the peritoneal exudate in the upper abdomen, and the complete absence of any odour.

3. That the patient lived for so long after operation, and died not, as one would expect, of peritonitis, of which there was no sign, but of broncho-pneumonia.

I am indebted to Dr. Boucher of Donaloney for the patient's history prior to admission to hospital.

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## REVIEW

DISEASES OF INFANTS AND CHILDREN. By F. M. B. Allen, M.D., M.R.C.P. London : Baillière, Tindall & Cox. 1930. pp. 595. 15s.

THIS volume represents the successor of the book on the same subject by the late Dr. John McCaw, in Messrs. Baillière, Tindall & Cox's series of Medical Publications. In this book Dr. Allen has avoided as far as possible theoretical considerations, and confined himself to practical points of diagnosis and treatment. The first chapter discusses diseases of the newborn, and includes a simple but careful account of the modern views on infant feeding. Chapters are devoted to affections of the respiratory, circulatory, digestive, nervous, and urinary systems, and to mental deficiency, the myopathies, blood diseases, and general conditions such as achondroplasia and Still's disease. Indeed, no really important omission can be found. The arrangement is clear and the printing excellent, although the absence of illustrations is to be regretted. There is an appendix which contains recipes for preparing food, and a useful collection of prescriptions. The book fulfils the conditions which the author claims for it : That it should be of service to medical students preparing for their final examinations, and for the general practitioner who wishes to obtain an account of the subject in the light of modern knowledge and practical experience.